Atty. Dkt. No. DALHO1290-1 (028614-1102)

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark

Stephen E. Reiter

(Printed Name)

(Signature)

January 28, 2003

(Date of Deposit)

Office, Washington, D.C. on the date below.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Sawynok et al.

Title:

**USE OF TRICYCLIC** 

ANTIDEPRESSANTS FOR LOCAL

**ANALGESIA** 

Appl. No.:

09/700,625

Filing

02/01/2001

Date:

Examiner:

T. Ware

Art Unit:

1615

## **AMENDMENT TRANSMITTAL**

Commissioner for Patents Box NON-FEE AMENDMENT Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Applicants claim Small Entity Status under 37 C.F.R. § 1.27.
- [ ] Small Entity statement is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claim Prese	18	Rate		Additional Claims Fee
Total Claims:	24		71	=	0	×	\$18.00	=	\$0.00
Independents:	5		6	=	0	— ×	\$84.00	=	\$0.00
First presentation of any Multiple Dependent Claims:					ims:	<del></del>	\$280.00	· =	\$0.00
						CLAIMS	FEE TOTAL:	=	\$0.00

[ ] Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

Atty. Dkt. No. DALHO1290-1 (028614-1102)

\$0.00	\$110.00	Extension for response filed within the first month:	[]			
\$0.00	\$410.00	Extension for response filed within the second month:	[]			
\$0.00	\$930.00	Extension for response filed within the third month:	[]			
\$0.00	\$1,450.00	Extension for response filed within the fourth month:	[ ]			
\$0.00	\$1,970.00	Extension for response filed within the fifth month:	[]			
\$0.00	FEE TOTAL:	EXTENSIO				
\$0.00	FEE TOTAL:	CLAIMS AND EXTENSION FEE TOTAL:				
\$0.00	½ of above):	Small Entity Fees Apply (subtract ½ of above):				
\$0.00	TOTAL FEE:					

[ ]	Please charge Deposit Account No. 50-0872 in the amount of \$ A
	duplicate copy of this transmittal is enclosed.

[ ] A check in the amount of \$\_\_\_\_ is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: <u>January 28, 2003</u>

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By Stop E. A

Stephen E. Reiter Attorney for Applicant Registration No. 31,192